

Move-In/Move-Out Condition Report - Washington

Property Information

Tenant(s) Name: _____
 Property Address: _____
 Owner/Agent: _____

Tenant Information:

Number of Smoke/CO Alarms: _____
 Number of Keys Provided at Move-In: _____

Tested on: _____

Garage Remotes Provided at Move-in: _____

Please choose the appropriate codes: **A** - Acceptable **U** - Unacceptable **NA** - Not applicable

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Entry:			Bedroom 1:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Dining Room:			Bedroom 2:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Living Room:			Bedroom 3:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Family Room:			Bedroom 4:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		

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Property Information

Tenant Name(s): _____

Property Address: _____

Owner/Agent: _____

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Dining Room:			Bedroom 2:		
Flooring	☐	☐	Flooring	☐	☐
Walls & Ceiling	☐	☐	Walls & Ceiling	☐	☐
Door(s)	☐	☐	Door(s)	☐	☐
Window(s)	☐	☐	Window(s)	☐	☐
Window Covering(s)	☐	☐	Window Covering(s)	☐	☐
Light Fixture(s)	☐	☐	Light Fixture(s)	☐	☐
Outlet(s)	☐	☐	Outlet(s)	☐	☐

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Hallways:			Hall Closet(s):		
Flooring	☐	☐	Flooring	☐	☐
Walls & Ceiling	☐	☐	Walls & Ceiling	☐	☐
Door(s)	☐	☐	Door(s)	☐	☐
Light Fixture(s)	☐	☐	Light Fixture(s)	☐	☐
Outlet(s)	☐	☐	Outlet(s)	☐	☐

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Kitchen:			Bathroom 1:		
Flooring	☐	☐	Flooring	☐	☐
Walls & Ceiling	☐	☐	Walls & Ceiling	☐	☐
Door(s)	☐	☐	Door(s)	☐	☐
Window(s)	☐	☐	Window(s)	☐	☐
Window Covering(s)	☐	☐	Window Covering(s)	☐	☐
Range	☐	☐	Vanity/Cabinets	☐	☐
Hood Vent	☐	☐	Toilet	☐	☐
Dishwasher	☐	☐	Sink(s)	☐	☐
Disposal	☐	☐	Bathtub/Shower	☐	☐
Refrigerator	☐	☐	Towel Rack(s)	☐	☐
Microwave	☐	☐	Light Fixture(s)	☐	☐
Sink	☐	☐	Outlet(s)	☐	☐
Cabinets	☐	☐			
Countertops	☐	☐			
Light Fixture(s)	☐	☐			
Outlets	☐	☐			

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Office/Den:			Bathroom 2:		
Flooring	☐	☐	Flooring	☐	☐
Walls & Ceiling	☐	☐	Walls & Ceiling	☐	☐
Door(s)	☐	☐	Door(s)	☐	☐
Window(s)	☐	☐	Window(s)	☐	☐
Window Covering(s)	☐	☐	Window Covering(s)	☐	☐
Light Fixture(s)	☐	☐	Vanity/Cabinets	☐	☐
Outlet(s)	☐	☐	Toilet	☐	☐
Built-ins/Cabinets	☐	☐	Sink(s)	☐	☐
			Bathtub/Shower	☐	☐
			Towel Rack(s)	☐	☐
			Light Fixture(s)	☐	☐
			Outlet(s)	☐	☐

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Property Information															
Tenant Name(s):															
Property Address:															
Owner/Agent:															
Location		Move-In			Move-Out			Location		Move-In			Move-Out		
Garage:								Bathroom 3:							
Flooring								Flooring							
Walls & Ceiling								Walls & Ceiling							
Door(s)								Door(s)							
Light Fixture(s)								Window(s)							
Outlet(s)								Window Covering(s)							
Built-ins/Cabinets								Vanity/Cabinets							
								Toilet							
Exterior:								Sink(s)							
Patio/Deck and or Porch								Bathtub/Shower							
Landscaping/Paths								Towel Rack(s)							
Siding								Fan							
Light(s)								Light Fixture(s)							
								Outlet(s)							
Tenant Summary of overall move-in condition:															
Please list any additional attachments included in this condition report as they relate to the move-in (including, but not limited to photos, additional pages of described damages, additional inspection reports, estimates for repairs, etc):															
All parties signing below agree and attest that the information provided for the move-in condition is true and correct and is representative of the actual condition of the dwelling unit. Landlord agrees to not hold tenant responsible for the noted damages at time of move-out unless landlord has made repairs to noted damage(s) during tenancy and any subsequent damage is the caused by the tenant (or a guest in the tenant's control). Tenant agrees that any damages not noted on this report at move-in, that is not considered normal wear and tear, may be repaired at the tenant's expense. Landlord certifies that all required smoke and carbon monoxide alarms were tested in the presence of the tenant and that all alarms noted on this form are in good working order. Tenant agrees that all smoke and carbon monoxide alarms noted on this form and tested by landlord are in good working order.															
Tenant: _____				Date: _____				Tenant: _____				Date: _____			
Tenant: _____				Date: _____				Tenant: _____				Date: _____			
Landlord: _____				Date: _____											
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Property Information

Tenant Name(s):

Property Address:

Owner/Agent:

Landlord Summary of overall move-out condition:

Please list all additional attachments included in this condition report as they relate to the move-in (including, but not limited to photos, additional pages of described damages, additional inspection reports, estimates for repairs, etc):

All parties signing below agree and attest that the information provided for the move-out condition is true and correct and is representative of the actual condition of the dwelling unit. Landlord agrees to not hold tenant responsible for the noted damages at time of move-in unless landlord has made repairs to noted damage(s) during tenancy and any subsequent damage was caused by the tenant (or a guest in the tenant's control). If Tenant(s) is/are not willing or able to attend the move-out inspection and/or sign this portion of the Move-In/Out Condition Report, landlord must state so here in lieu of signatures below:

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Landlord: _____ Date: _____